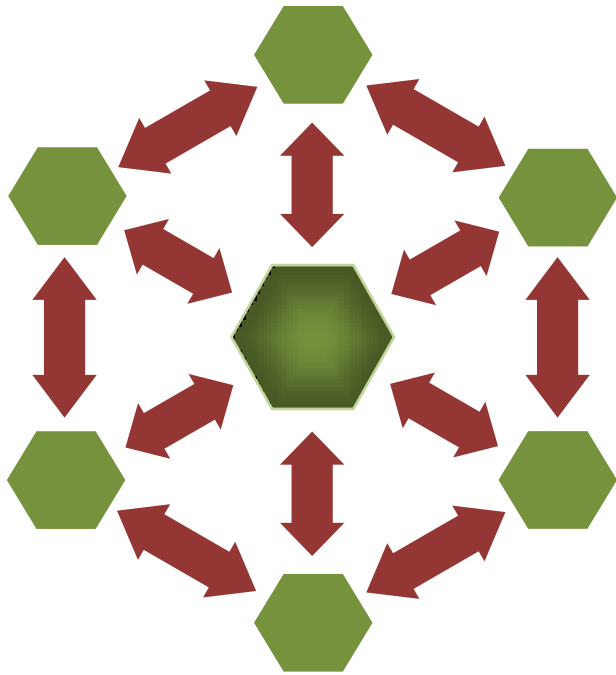




**OSC Health Information Technology
Steering Committee
February 9, 2012**



HANLEY CENTER
Accelerating
Clinical Information
SHARING
for Maine's
Behavioral Health
Provider Community

2011 Recommendations

1. Align Laws and Regulations with Effective Integrated Care
2. Maximize Consumer Participation and Awareness
3. Focus and Simplify Data Sharing
4. Encourage Cultural Change in Provider Organizations
5. Significantly Increase Funding and Incentives
6. Develop Tools and Encourage Use of Best Practices
7. Plan for Accountable Care

2011 Recommendations

1. Align Laws and Regulations with Effective Integrated Care

- Share latest developments in state law and interpretations of federal regulations on healthcare confidentiality with attorneys advising healthcare providers
- Support efforts to revise state regulations to allow clinical information sharing for patient care purposes

2011 Recommendations

2. Maximize Consumer Participation and Awareness

- Increase consumer access to their own records
- Gather more consumer feedback to develop educational materials that will better enable informed decision making about sharing
- Focus on strategies to reduce stigma within healthcare settings especially in the ED

2011 Recommendations

3. Focus and Simplify Data Sharing

- Collect minimum data sets in a uniform manner – identify elements for inclusion in Continuity of Care Document
- Provide educational tools & technical support within healthcare providers to enable consistent data collection & sharing methods

2011 Recommendations

4. Encourage Cultural Change in Provider Organizations

- Support education and tools for Primary Care Providers to act as a resource for consumers deciding about sharing
- Support staff success in using HIT with tools and training
- Work with providers of healthcare education to build HIT competencies into foundational curricula

2011 Recommendations

5. Significantly Increase Funding and Incentives
 - Support efforts to extend 'meaningful use' incentives to behavioral health providers
 - Support efforts at the state level to fund/provide incentives for EHR adoption among behavioral health providers
 - Survey smaller behavioral health providers to learn more about what incentives would be effective to encourage EHR adoption

2011 Recommendations

6. Develop Tools and Encourage Use of Best Practices

- Support information sharing about
 - successful collaborations among providers to implement shared EHR
 - Lessons learned
 - Open Source EHR products being developed
- Develop a Toolkit and training workshop to assist providers in jointly acquiring and implementing systems

2011 Recommendations

7. Plan for Accountable Care

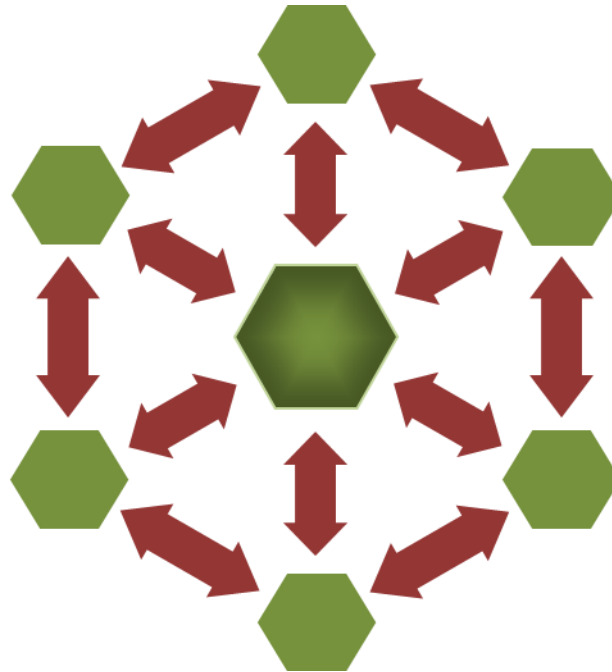
- Examine & Document how clinical information sharing between mental health & substance abuse treatment providers and primary care and other healthcare providers promotes integration and reduces costs

2012 Plans

- ❖ Expand Stakeholder Advisory Committee
- ❖ Survey wider audience of Behavioral Health providers
- ❖ Expand Stakeholder Taskforce & convene six worksessions
- ❖ Organize Workgroups to focus on Priority Recommendations
- ❖ Coordinate and Support CIHS Contract Activities

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2011 Stakeholder Process



In cooperation with:

Office of the State Coordinator for Health IT

Maine Health Access Foundation

HealthInfoNet

Maine Association of Mental Health Services

Maine Association of Substance Abuse Programs

Co-Occurring Collaborative Serving Maine

Maine Health Information Management Association

Maine Primary Care Association

Maine Provider Network for Children and Families

Quality Counts

BH IT Steering Committee

Len Bartel	Dev Culver
Lynn Duby	John Edwards
Todd Goodwin	Jim Leonard
Eric Meyer	Chris Simons
Judiann Smith	Emilie Van Eeghen
Jim Harnar, Hanley Exec Director	



BH IT Strategic Action Taskforce
(membership listed within workgroups)

BH IT Strategic Action Taskforce

Consumer Workgroup

Melinda Davis – AIN co-chair

Catherine Ryder - TCMHS co-chair

Len Bartol – MeHAF

Jill Allen, Provider Network for Children & Families

Amy Landry - HealthInfoNet

Lisa Munderbach – Day One

Kait Roe – Consumer

Barriers-Incentives Workgroup

Chris Simons MeHIMA Chair

Ruth Blauer – MASAP; MAHMS

Mary Lou Dyer - MACSP

Todd Goodwin – MCMH

Dale Hamilton - CHCS

Jim Leonard –MCDC, Office HIT

Eric Meyer - APS Healthcare

Jamie Morrill – Acadia Hosp

Judiann Smith – Spurwink

Jason Tankel - EMHS

BH IT Strategic Action Taskforce

Integration Workgroup

Emilie Van Eeghen – MGH Chair

Tim Beaucage - KBH

Anne Berry – Motivational Services

Michael Coon – VOA

Dev Culver – HealthInforNet

Bill Cuddy – Spurwink

William Dunwoody – Riverview/Dorothea Dix

John Edwards – AMH

Marya Faust – DHHS OAMHS

April Guagenti – Evergreen Behav Services

Ralph Johnson – Franklin CHN

Neil Korsen MD – MeHealth

Kim Laberge – St. Mary's HS

Ron McHugh – OCMHS

Leslie Nicoll Portland Community Free Clinic

Ed Pontius MD – MAPP

Todd Rogow – HealthInfoNet

Lisa Tuttle - Quality Counts

BH IT Strategic Action Taskforce

Staff Education Workgroup

Bonnie Brooks – OHI Co-Chair

Louise Haddock - YAI Co-Chair

Kate Chichester – CCSME

Jill Dagenais – NFI North

Lynn Duby – Crisis & Counseling

Lori Geiger – DHHS OCFS

Alyssa Pekins/Tom Gagnier – Catholic Charities

Deb Sanford – Acadia Hospital

Behavioral Health Electronic Health Record Survey Results

- Key Findings
 - Electronic Health Record use is high among behavioral health providers responding (89%), but no single software product is predominant
 - There is wide and strong support among the behavioral health providers responding for the benefits of an EHR—both in terms of quality/safety (88%) and costs (85%)

Behavioral Health Electronic Health Record Survey Results

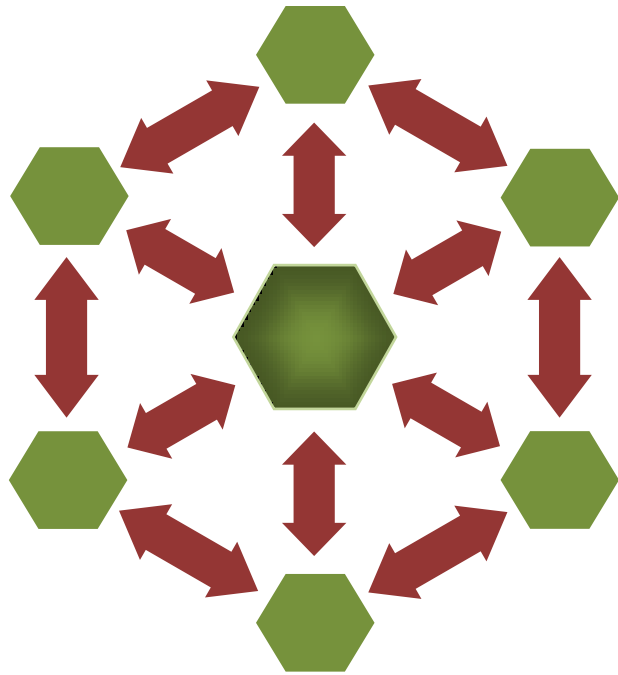
- Key Findings
 - Top barriers to implementation of EHR identified:
 - Cost (79%)
 - Knowledge/comfort of staff (49%)
 - Technical Support (36%)
 - Inability to Interface with other systems (33%)
 - Privacy & Confidentiality Concerns (18%)
 - High Speed Internet Access Issues (12%)

Behavioral Health Electronic Health Record Survey Results

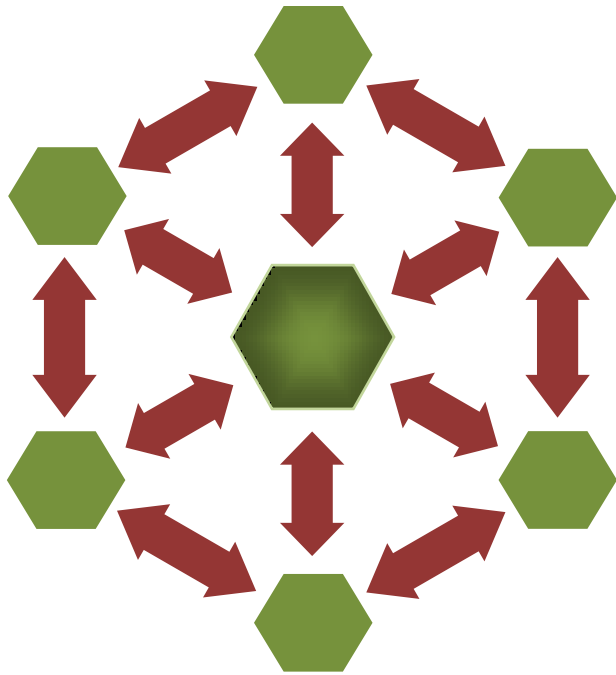
- Key Findings
 - For those survey responders who are not currently using an electronic record, all are either planning implementation within the next 1-2 years OR would implement IF they could secure the necessary resources to do so.

Behavioral Health Electronic Health Record Survey Result

- The survey respondents did not include many individual or small practice providers. Consequently, we cannot draw conclusions about the EHR use, support for EHR use, and perceived benefits/barriers for this group.



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Questions & Discussion

Full Report can be found on the Maine Health Access Foundation Website, Publications Page:

<http://mehaf.org/publications/policy-briefs-reports/>